**Complaints Form**

**Please complete and return to the Office Manager who will acknowledge receipt and explain what action will be taken.**

|  |
| --- |
| Your NamePupils NameYour relationship to PupilAddressPost codeDaytime Telephone NumberMobile NumberEmail addressPlease give details of your complaintWhat action, if any, have you taken to try and resolve your complaint? (Who did you speak to and what was the response?)What actions do you feel might have resolved the problem at this stage?Are you attaching any paperwork? If so, please give detailsSignatureDate |
| **Official Use**Date acknowledgement sentBy who?Complaint referred toDate |